



## UNITED STATES PATENT AND TRADEMARK OFFICE

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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/679,246         | 10/02/2003             | John C. Reed          | 66821-235              |

CONFIRMATION NO. 8403

## FORMALITIES LETTER



\*OC000000011627047\*

Cathryn Campbell  
McDERMOTT, WILL & EMERY  
7th Floor  
4370 La Jolla Village Drive  
San Diego, CA 92122

Date Mailed: 01/06/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

03/12/2004 MBERHE 00000023 502624 10679246

## FILED UNDER 37 CFR 1.53(b)

01 FC:1001 770.00 DA  
02 FC:1051 130.00 DA  
03 FC:1201 860.00 DA  
04 FC:1202 468.00 DA

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$1328 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$2228 for a Large Entity

- \$770 Statutory basic filing fee.
- \$130 Late oath or declaration Surcharge.

Adjustment date: 05/11/2004 BHABTEW  
03/12/2004 MBERHE 00000023 502624 10679246  
01 FC:1001 770.00 CR  
02 FC:1051 130.00 CR  
03 FC:1201 860.00 CR  
04 FC:1202 468.00 CR

03/12/2004 MBERHE 00000023 502624 10679246

01 FC:1001 770.00 CR  
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03 FC:1201 860.00 CR  
04 FC:1202 468.00 CR

05/11/2004 BHABTEW 00000011 502624 10679246  
Sale Ref: 00000014 DAB: 502624  
01 FC:1001 770.00 CR  
02 FC:1051 130.00 CR  
03 FC:1201 860.00 CR  
04 FC:1202 468.00 CR

- Total additional claim fee(s) for this application is \$1328

- \$860 for 10 independent claims over 3.
- \$468 for 26 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

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*A copy of this notice **MUST** be returned with the reply.*

2. Araya  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10679 246

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 46            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 46 minus 20 = | * 26         |
| INDEPENDENT CLAIMS  | 13 minus 3 =  | * 10         |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

(Column 1)

(Column 2)

(Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

(Column 1)

(Column 2)

(Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 385.00 |
| X\$ 9=    | 234    |
| X43=      | 430    |
| +145=     |        |
| TOTAL     | 1049   |

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 770.00 |
| X\$18=    |        |
| X86=      |        |
| +290=     |        |
| TOTAL     |        |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

|            |                |
|------------|----------------|
| RATE       | ADDITIONAL FEE |
| X\$ 9=     |                |
| X43=       |                |
| +145=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

OR

|            |                |
|------------|----------------|
| RATE       | ADDITIONAL FEE |
| X\$18=     |                |
| X86=       |                |
| +290=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

|            |                |
|------------|----------------|
| RATE       | ADDITIONAL FEE |
| X\$ 9=     |                |
| X43=       |                |
| +145=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

OR

|            |                |
|------------|----------------|
| RATE       | ADDITIONAL FEE |
| X\$18=     |                |
| X86=       |                |
| +290=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

|            |                |
|------------|----------------|
| RATE       | ADDITIONAL FEE |
| X\$ 9=     |                |
| X43=       |                |
| +145=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

OR

|            |                |
|------------|----------------|
| RATE       | ADDITIONAL FEE |
| X\$18=     |                |
| X86=       |                |
| +290=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |